

Mid-Coast School of Technology Adult Education

1 Main Street
Rockland, ME 04841

Welding & Machine Tool Course Application/Registration Form

Name: _____

Home phone: _____ Work or Cell Phone: _____

Email: _____

Date of Birth: _____

Social Security # _____ (required for Workforce training courses)

Last Grade Completed in School: _____

Are you currently employed? _____

Place of employment: _____

What **best describes** your interest/reasons for taking course (please mark **all** that apply):

- ____ Employment in the Field
- ____ Employment in New Occupation
- ____ Hobby
- ____ Personal
- ____ Self-Employment

<u>Course Name</u>	<u>Start Date</u>	<u>Fee</u>
1. _____		
2. _____		
3. _____		

Release of Social Security Numbers And Exchange of Information

Adult Education in Maine is required by Title II of the Workforce Innovation and Opportunity Act to report how many adult learners:

- Are employed after attending adult education
and/or
- Have entered college or a training program after attending adult education

Federal funds are used to pay for some of our classes including reading, writing, math, high school equivalency and high school diploma courses. Gathering employment and post-secondary education information is needed to receive the funding that pays for this part of adult education.

To get this information, this adult education program will use your Social Security Number to match adult education enrollment records with employment and post-secondary records with the agencies listed below.

- The Maine Department of Labor – To report how many adults from Maine Adult Education Programs are employed. The data match does not identify you by name or where you work.
- The National Student Clearinghouse – To report how many adults from Maine Adult Education Programs are enrolled in post-secondary institutions.

We are asking you to sign this form giving us permission to use your Social Security Number for a data match in order to obtain the information we need for federal reporting.

The information obtained by the Department of Education will be used for the sole purpose of data match reporting and will not be shared with other individuals of agencies without your written permission. All data used to conduct the data match will be purged from the Department of Labor system after the report is complete.

I give permission to use my Social Security Number

Signature _____

Print Name _____

Date _____

Barriers to Employment for Workforce Training according to the Maine Department of Education (MDOE)

This is required for State of Maine Adult Ed funding only. Please circle your responses below to the questions for each category.

YOUR NAME: _____

Date: _____

YOU ARE:

- An Individual with a Disability (**YES, NO, or DOES NOT IDENTIFY**)
- Exhausting TANF within 2 years as part of Title IV of the Social Security Act at Program Entry (**YES, NO**)
- In Foster Care Youth Status at Program Entry (**YES, NO**)
- A Homeless Individual, Homeless Children and Youths, or Runaway Youth at Program Entry (**YES, NO**)
- In Ex-Offender Status at Program Entry (**YES, NO**)
- In Low Income Status at Program Entry (**YES, NO**)
- An English Language Learner at Program Entry (**YES, NO**)
- Basic Skills Deficient/Low Levels of Literacy at Program Entry (**YES, NO**)
- Battling Cultural Barriers at Program Entry (**YES, NO**)
- A Single Parent at Program Entry (**YES, NO**)
- A Displaced Homemaker at Program Entry (**YES, NO**)
- In Migrant and Seasonal Farmworker Status at National Farmworker Jobs Program Entry WIOA sec. 167 (**YES, NO**)